FEB 2 2 2010

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine M333 Mail: 135 State House Station, Augusta, Maine 04333

Office:

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775



Name .\_\_\_

## MAINEETHICS COMMISSION

## 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Bruce BICKORd		House	☐ Senate
Mailing address	man	District	. The state of the
64 Cameron Lane		10	
City, zip code		Phone	Pulled State Committee and Com
Auburn 04210		207 79569	844
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Name of Employer	Address	Activity o	e of Economic f Employer
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PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT	
(For Legislators who are self-employed.)	٠
B. List each source of income derived from self-employment that represents more than 10% of your gross income or \$1,000, whichev greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this for disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity or entity or person from whom the income was derived.	m of
Principal Type of Economic  Name and Address of Source Activity of Entity or Person Wh the Source of the Income	ho is
Name:	
Address:	
Name:	
Address:	
PART 3. MAJOR AREAS OF PRACTICE  (For Legislators who are attorneys-at-law only.)  List your major areas of practice. If associated with a law firm, list the major areas of practice of your firm.	
Name and Address of Firm Major Areas of Practice Major Areas of Pract (self) (firm)	ice
Name:	
Address:	
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PART 4. OTHER SOURCES OF INCOME  List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include gifts. If none, check the box.  None  Name and Address of Source  Name: Address:  PART 5. REPORTABLE LIABILITIES  List the names of creditors for any unsecured loans of \$3,000 or more that you received during the reporting period, and list the mareas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If none, check the box.	
Address:  PART 4. OTHER SOURCES OF INCOME  List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include gifts. If none, check the box.  None  Name and Address of Source  Kind of Income (investments, leases, etc.)  Name:  Address:  PART 5. REPORTABLE LIABILITIES  List the names of creditors for any unsecured loans of \$3,000 or more that you received during the reporting period, and list the mareas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If none, check the box.	najor
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PART 6	S. REPORTABLE GIFTS
List the specific source of each gift of more than \$300. Inconne, check the box.	clude gifts with an aggregate value of more than \$300 from a single source. If
None	i de la composition della comp
Name of Source of Gift.	Name of Source of Gift
1.	3.
2.	4.
PART 7. R	EPORTABLE HONORARIA
List the source of any honoraria accepted for appearances of	r speeches related to your legislative responsibilities. If none, check the box.
None	The second of the second secon
Name of Source of Honoraria	Name of Source of Honoraria
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2.	4.
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	TATION BEFORE STATE AGENCIES
box.	sented or assisted others for compensation of any amount. If none, check the
None	
A STATE OF THE PROPERTY OF THE	Name of Agency
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2010 Professional resources and a series of the contract of th	
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PART 9 RISIN	NESS WITH STATE AGENCIES
不可能的 (B) (1995) [14] [15] [15] [15] [15] [15] [15] [15] [15	per of your immediate family sold goods or services with a value in excess of
\$1,000 during the reporting period. If none, check the box.	or year immediate larmy one goods of convects with a value in excess of
None	
Name of Agency	Name of Agency
1.	<b>3.</b>
2.	4.
PART 10 INCOME RECEIV	ED BY MEMBERS OF IMMEDIATE FAMILY
	of income of \$1,000 or more received by your spouse or domestic partner or
dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	d of income represented. If your spouse or domestic partner received \$1,000
	Type of Economic Activity
Name of Spouse or Domestic Partner and Job Title	Representing Source of Relationship Kind of Income Income Received
Name: Mars 2 1/	1.11dm c) 1 c 1 Solocul.
Name: Marsorie Buckford	2. Spouse or Spouse or Domestic 2.
Job Title:	Partner 3.
	Dependent
If dependent child(ren) receive more than \$1,000 of income	Child
for the reporting period, list only the type of economic	Dependent Child
activity and the kind of income.	Dependent
	Child

List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family hand office, trusteeship, directorship, or position of any nature. Indicate whether you or a family held the position and whether the position was compensated. If a family member listed, indicate your relationship and the name of the family member.							
None	,	•	<del>.</del>				
	Organization/Business		Title	Position Held	Family Member's	Compen-	
	and Address			By:	Name I	sated?	
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